

Case study 1: EMDR Work with John, by Bill Frost

Sue wanted ADHD treatment for her 10-year-old son, John. She was at the end of her tether with John's behaviours. Her 'shout until blue in the face' strategies were failing, as was her health. Their small flat had become a combat zone. In this environment, John and his ADHD had evolved, and Sue was unwilling to go the drugs route.

John appeared relatively self-aware, in control, intelligent and highly curious. He fidgeted throughout and had difficulty remaining focused, with intense curiosity and desire to explore his surroundings. His breathing rate at rest was noticeably higher than average. John vaguely understood that his mother had a few problems when he behaved in certain ways and did not like getting shouted at or the feeling of conflict within the house. He felt he was never 'right' and that almost everything he did resulted in conflict.

I explored what John was feeling prior to these conflict-generating behaviours. He told me it was a feeling he did not like and that running around and screaming (for example) made the feeling go away for a while. I asked what the feeling was like and he told me that it was like being afraid, so I asked what he was afraid of and he said that if he became still he would never be able to move again. In effect, he feared being frozen in time as a result of being focused on one thing. To counter this, he moved around a lot and focused on many things to avoid becoming transfixed. The only exception was when he slept. The risk of becoming 'locked' was reduced by having a radio playing and lights on as he slept.

I decided to use software-based EMDR¹ to make the therapy process fun and interactive. John's favourite hero was Spiderman so I found an image for him to track on the screen. I added 'boing' sounds as auditory stimulation for when the tracking image reached the screen sides. I used low frequency theta stimulating audio as the background sound, and, to cover all modality bases (visual, auditory and kinesthetic), switched on vEMDR Pro's tactile units. These (held in each hand) generated a synchronised pulsing sensation when the tracking object reached the sides. I explained to John how the 'game' would work and established initial SUDS for the 'locking' fear, ranked when he was still and looking at one thing. Our baseline was 8.

As the game progressed, I provided some narrative designed to counter the limiting belief that it's not OK to be focused on one thing. The SUDS reduced with each set of repetitions and very gradually I reduced the number of stimuli being presented until John was able to track a single blue circle moving from left to right on a white background. At the close of each set of 24 repetitions, the tracking object glides into the



centre of the screen and stays at the centre of the screen. Making use of the opportunity, I asked John to focus only on the tracking object as he considered my SUDS and 'What came up' questions.

By the close of the first session, the SUDS were down to 1 or 2 and John was able to focus on any object for up to a minute without distress or fear of becoming locked. His breathing rate had normalised and he was able to remain more focused for longer periods of time, so I concluded the session. John agreed to use a home-use version of vEMDR Pro a couple of times a day and whenever he felt that it might be advantageous for him to be quieter for a while.

Sessions with Sue alone helped her develop coping strategies and effective ways of managing John's more extreme and destructive behaviours, including a points-based reward/penalty system. A quiet-time signal was negotiated between them such that, at a given signal, John would relocate to his computer and play his EMDR game.

Two further sessions with John confirmed that the family environment was quieter and less conflicted, and that the driving fear of becoming 'locked' was much less an issue. John had proved to himself that he could choose to escape from concentrated attention, and started to gain an awareness of when he was beginning to spiral into destructive hyperactivity. This improved his ability to step back from conflict situations and enabled him to rejoin team sports. With a positive outlet for his energies, there was less necessity to use the family home as a sports arena and this gave Sue much needed 'me' time.

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Reference

1 vEMDR Pro, available from www.neuroinnovations.com/emdr_software.html